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## APPLICANTS

Rick C. Stevens, Apple Valley, MN;

\*\* CONTINUING DATA \*\*\*\*\*

NONE - amb

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE - amb

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>allowance</i> Examiner's Signature _____ Initials _____	STATE OR COUNTRY MN	SHEETS DRAWING 3	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
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## ADDRESS

44341  
 JACOBSON & JOHNSON  
 ONE WEST WATER STREET, SUITE 285  
 ST. PAUL, MN  
 55107

## TITLE

Optical coupling

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